

<i>SERFF Tracking Number:</i>	<i>AEGX-126592261</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45467</i>
<i>Company Tracking Number:</i>	<i>TL AR0054815F01</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Term Life</i>		
<i>Project Name/Number:</i>	<i>Term Life/TL AR0054815F01</i>		

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Term Life

SERFF Tr Num: AEGX-126592261 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 45467

Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Co Tr Num: TL AR0054815F01 State Status: Approved-Closed

Filing Type: Form

Author: SPI ADMSLH

Reviewer(s): Linda Bird

Date Submitted: 04/20/2010

Disposition Date: 04/23/2010

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Term Life

Status of Filing in Domicile:

Project Number: TL AR0054815F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/23/2010

Explanation for Other Group Market Type:

State Status Changed: 04/23/2010

Deemer Date:

Created By: SPI ADMSLH

Submitted By: SPI ADMSLH

Corresponding Filing Tracking Number:

Filing Description:

RE: Stonebridge Life Insurance Company

NAIC # 0468-65021

FEIN: 03-0164230

SLA-OQ-0210

SLA-OQ-0210 APPVER

SLA- SU-0210

SLA-SU-0210 APPVER

SERFF Tracking Number: AEGX-126592261 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 45467
Company Tracking Number: TL AR0054815F01
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Term Life
Project Name/Number: Term Life/TL AR0054815F01

SLA-T80-0210
SLA-T80-0210 APPVER

Dear Commissioner:

The captioned application forms are submitted for your view and approval. The applications are intended to be used with individual life insurance policies that are approved by your Department and replace previously approved applications. The previously approved applications contain a section for the applicant to provide additional information about "yes" answers to the health questions. The submitted applications do not contain this section. Coverage will now be issued solely on the basis of an applicant's "no" responses to the health questions. The applications are completed in "John Doe" fashion and variable information is bracketed.

Application forms SLA-OQ-0210 and SLA-OQ-0210 APPVER will be used to solicit individual whole life insurance policies SL-SUWL-0905 TX and SL-SWLB-0905 TX. The individual policies were approved by your Department on December 12, 2005. Application SLA-OQ-0210 will be used with our direct mail advertising kits and SLA-OQ-0210 APPVER will be used when taking applications over the telephone. SLA-OQ-0210 replaces application SLA-OQ-0406 which was approved on August 18, 2006 and SLA-OQ-0210 APPVER replaces application SLWL1003IAP which was approved on September 28, 2006.

Application forms SLA-SU-0210 and SLA-SU-0210 APPVER will be used to solicit individual term to age 85 life insurance policy SL-T85-0905 TX. The policy was approved by your Department on January 13, 2003. Application SLA-SU-0210 will be used with our direct mail advertising kits and SLA-SU-0210 APPVER will be used when taking applications over the telephone. SLA-SU-0210 replaces application SLA-SU-0406 which was approved on August 18, 2006 and SLA-SU-0210 APPVER replaces application SLA-SU-0406 APPVER which was approved on October 23, 2009.

Application forms SLA-T80-0210 and SLA-T80-0210 APPVER will be used to solicit individual term to age 80 life insurance policy SL-T80-0705. The policy was approved by your Department on August 19, 2005. Application SLA-T80-0210 will be used with our direct mail advertising kits and SLA-T80-0210 APPVER will be used when taking applications over the telephone. SLA-T80-0210 replaces application SLA-T80-0406 which was approved on August 25, 2006 and SLA-T80-0210 APPVER replaces application IUL027 which was approved on October 26, 2005.

The Company has reviewed the enclosed forms and certifies that each form submitted meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.

We request approval of these forms in various formats, dimensions, shading and colors. We certify that no dimension, format, shading or color change will affect the text content or product unacceptable print. Completed filing forms are

SERFF Tracking Number: AEGX-126592261 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 45467
Company Tracking Number: TL AR0054815F01
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Term Life
Project Name/Number: Term Life/TL AR0054815F01

attached.

I respectfully request your favorable review and approval. We appreciate your consideration of these forms. Should you have any questions, please feel free to call us toll free at (877) 527-6444, Extension 6289 or contact me by e-mail at mfrei@aegonusa.com.

Sincerely,

STONEBRIDGE LIFE INSURANCE COMPANY
Margaret Frei, ACS, AIRC, ACP, CCP, HIA, HCSA

Attachments

Company and Contact

Filing Contact Information

Margaret Frei, Senior Product Filing & Compliance Analyst
2700 W Plano Parkway
Plano, TX 75075
mfrei@aegonusa.com
972-881-6289 [Phone] 6289 [Ext]
972-881-4097 [FAX]

Filing Company Information

Stonebridge Life Insurance Company
29 South Main Street
Rutland, VT 05701-5014
(410) 685-5500 ext. [Phone]
CoCode: 65021
Group Code: 468
Group Name:
FEIN Number: 03-0164230
State of Domicile: Vermont
Company Type: Life and Health
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:

<i>SERFF Tracking Number:</i>	<i>AEGX-126592261</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45467</i>
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<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Term Life</i>		
<i>Project Name/Number:</i>	<i>Term Life/TL AR0054815F01</i>		
Per Company:	No		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$50.00	04/20/2010	35805412
Stonebridge Life Insurance Company	\$250.00	04/22/2010	35883863

SERFF Tracking Number:	AEGX-126592261	State:	Arkansas
Filing Company:	Stonebridge Life Insurance Company	State Tracking Number:	45467
Company Tracking Number:	TL AR0054815F01		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name:	Term Life		
Project Name/Number:	Term Life/TL AR0054815F01		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/23/2010	04/23/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	04/21/2010	04/21/2010	SPI ADMSLH	04/22/2010	04/22/2010

SERFF Tracking Number: AEGX-126592261

State: Arkansas

Filing Company: Stonebridge Life Insurance Company

State Tracking Number: 45467

Company Tracking Number: TL AR0054815F01

TOI: L04I Individual Life - Term

*Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life*

Product Name: Term Life

Project Name/Number: Term Life/TL AR0054815F01

Disposition

Disposition Date: 04/23/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGX-126592261 State: Arkansas

Filing Company: Stonebridge Life Insurance Company State Tracking Number: 45467

Company Tracking Number: TL AR0054815F01

TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Term Life

Project Name/Number: Term Life/TL AR0054815F01

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	
Supporting Document	Application	No	
Supporting Document	Life & Annuity - Acturial Memo	No	
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT	No	
Supporting Document	AR - NAIC FORM FILING ATTACHMENT	No	
Supporting Document	Explanation of Variability	No	
Form	Application	No	
Form	Application	No	
Form	Application	No	
Form	Application	No	
Form	Application	No	
Form	Application	No	

SERFF Tracking Number: *AEGX-126592261* *State:* *Arkansas*
Filing Company: *Stonebridge Life Insurance Company* *State Tracking Number:* *45467*
Company Tracking Number: *TL AR0054815F01*
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.213 Specified Age or Duration -*
 Fixed/Indeterminate Premium - Single Life

Product Name: *Term Life*
Project Name/Number: *Term Life/TL AR0054815F01*

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/21/2010
Submitted Date 04/21/2010
Respond By Date 05/21/2010

Dear Margaret Frei,

 This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 1, 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$250.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: AEGX-126592261 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 45467
Company Tracking Number: TL AR0054815F01
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Term Life
Project Name/Number: Term Life/TL AR0054815F01

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/22/2010
Submitted Date 04/22/2010

Dear Linda Bird,

Comments:

In reply to your Objection Letter dated April 21, 2010, we would like to provide the following response.

Response 1

Comments: The additional filing fees have been sent.

Related Objection 1

Comment:

Regulation 57 was revised effective January 1, 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$250.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We believe the objection raised in the Objection Letter dated April 21, 2010 has been addressed with the information herein. Thank you for your continued consideration of our filing. Should you have any questions, please call me toll free at (877) 527-6444, Extension 6289 or contact me by e mail at mfrei@aegonusa.com.

Sincerely,

STONEBRIDGE LIFE INSURANCE COMPANY

Margaret Frei, ACS, AIRC, ACP, CCP, HIA, HCSA

<i>SERFF Tracking Number:</i>	<i>AEGX-126592261</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Term Life</i>		
<i>Project Name/Number:</i>	<i>Term Life/TL AR0054815F01</i>		

Sincerely,
SPI ADMSLH

SERFF Tracking Number: AEGX-126592261 State: Arkansas

Filing Company: Stonebridge Life Insurance Company State Tracking Number: 45467

Company Tracking Number: TL AR0054815F01

TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Term Life

Project Name/Number: Term Life/TL AR0054815F01

Form Schedule

Lead Form Number: SLA-OQ-0210

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SLA-OQ-0210	Application/ Application Enrollment Form	Initial		42.300	SLA-OQ-0210.PDF
	SLA-OQ-0210 APPVER	Application/ Application Enrollment Form	Initial		45.700	SLA-OQ-0210 APPVER.PDF
	SLA-SU-0210	Application/ Application Enrollment Form	Initial		42.400	SLA-SU-0210.PDF
	SLA-SU-2010 APPVER	Application/ Application Enrollment Form	Initial		44.900	SLA-SU-2010 APPVER.PDF
	SLA-T80-0210	Application/ Application Enrollment Form	Initial		50.400	SLA-T80-0210.PDF
	SLA-T80-0210 APPVER	Application/ Application Enrollment Form	Initial		45.600	SLA-T80-0210 APPVER.PDF

STONEBRIDGE LIFE INSURANCE COMPANY
Administrative Offices: Valley Forge, Pennsylvania 19493
HOME OFFICE: Rutland, Vermont

(Please Print)

Name _____
First Middle Last

Address _____

City _____ Street or RD # _____ am
State _____ Zip _____ Phone # pm (____) _____
area code

Sex _____ Age _____ Date of Birth _____

Month _____ Day _____ Year _____
Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed

Beneficiary: _____ Relationship _____
First Middle Last

If this coverage will replace any life insurance you have now, please check here: ☐

Coverage Amount: ☐ \$10,000 ☐ \$7,000 ☐ \$5,000 ☐ \$2,000
☐ Yes, I want to add a \$10,000 Accidental Death Benefit Rider for an additional 50¢ a week.

SPOUSE (if to be insured)

Name _____
First Middle Last

Sex _____ Age _____ Date of Birth _____

Month _____ Day _____ Year _____
Beneficiary: _____ Relationship _____
First Middle Last

If this coverage will replace any life insurance you have now, please check here: ☐

Coverage Amount: ☐ \$10,000 ☐ \$7,000 ☐ \$5,000 ☐ \$2,000
☐ Yes, I want to add a \$10,000 Accidental Death Benefit Rider for an additional 50¢ a week.

HEALTH QUESTIONS:

	<u>You</u>	<u>Spouse</u>
1. Are you now permanently disabled?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. In the past 7 years, have you been advised by a doctor or counselor to reduce or stop the use of alcohol or drugs?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3. In the past 7 years, have you been diagnosed or treated by a licensed medical doctor for:		
a. Diabetes requiring insulin; heart disease or disorder; stroke or cancer?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Brain, mental, or nervous disorder; chronic liver, kidney, or breathing disorder?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Acquired Immune Deficiency Syndrome (AIDS)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. In the past 7 years have you tested positive for HIV (Human Immunodeficiency Virus)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Select how you want to pay:

☐ Send me a bill.
☐ Charge monthly premium to my Credit Card (Visa/MasterCard/Discover only): (Not available in NH)
Account # _____ - _____ - _____ - _____ Expiration Date _____
☐ Deduct monthly premium from my Checking Account: Write "VOID" on a blank check and attach.

Subject to my account rules, charge my premiums (including future changes to my insurance) to my [Bank] credit card. I can cancel this payment method at any time by writing to you.

I wish to apply for this Whole Life Insurance Plan. I understand [that a separate Policy will be issued to each applicant and] that no insurance is in effect until the following happens while I am alive: (1) Stonebridge Life approves my application; and (2) Stonebridge Life receives my first premium [before] [within 21 days of] the Policy Effective Date. If I fail to give true and complete answers on this application, (in Michigan and Texas: if I make a fraudulent or material misrepresentation in this application), I understand that benefits may be denied during the first 2 Policy Years. To the best of my knowledge and belief, the information on this entire application is true and complete. [I have read my state's fraud notice on the back of this application.]

X _____ Signature Date	X _____ Spouse's Signature (if to be insured) Date
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FOR MICHIGAN RESIDENTS: Countersignature of licensed agent _____
Signature

SLA-OQ-0210

FOR ARKANSAS RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR KENTUCKY RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

FOR OHIO RESIDENTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

FOR MAINE RESIDENTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Whole Life Insurance Application Verification

Keep this form with your Policy of Insurance. Your acceptance of this offer is on file at our Administrative Office.

This document is a verification record of your telephone-recorded application for the Whole Life Insurance plan. It is designed to help you verify that we have correctly recorded your name, address, date of birth, age, gender, [marital status] and the answers you provided to the health questions which qualified you for this plan.

Our records indicate the following information:

Name/Address: [John Q. Public]
[1000 Anywhere Street]
[Any Town, USA 75000]

Date of Birth: [01/05/1960] Age: [51] Gender: [Male]

[Marital Status: ☒ Married ☐ Divorced ☐ Single ☐ Widowed]

Coverage Amount you are applying for: [\$10,000]

Will this insurance replace or change any life insurance or annuity contract that you now have? ☐ Yes ☒ No

Health Questions

1. Are you now permanently disabled?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. In the past 7 years, have you been advised by a doctor or counselor to reduce or stop the use of alcohol or drugs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. In the past 7 years, have you been diagnosed or treated by a licensed medical doctor for: a. Diabetes requiring insulin; Heart disease or disorder; Stroke or Cancer? b. Brain, mental, or nervous disorder; chronic Liver, Kidney, or breathing disorder? c. Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. In the past 7 years have you tested positive for HIV (Human Immunodeficiency Virus)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I wish to apply for this Whole Life Insurance Plan. I understand that no insurance is in effect until the following happens while I am alive: (1) Stonebridge Life approves my application; and (2) Stonebridge Life receives my first premium [before] [within 21 days of] the Policy Effective Date. If I fail to give true and complete answers on this application, (in Michigan and Texas: if I make a fraudulent or material misrepresentation in this application), I understand that benefits may be denied during the first 2 Policy Years. To the best of my knowledge and belief, the information on this entire application is true and complete. [I have read my state's fraud notice on the back of this application.]

FAILURE TO DISPUTE ANY OF THE STATEMENTS ABOVE IS AN ADMISSION THAT THE STATEMENTS ARE CORRECT. THE FALSITY OF ANY ANSWER MAY BAR YOUR BENEFICIARIES' RIGHT TO RECOVER BENEFITS.

If any of the information is incorrect, contact our Customer Service Department at: [1-800-XXX-XXXX]

[Application signed electronically. Signature on file with the Company] [03/01/2010]
[Applicant's Signature] [Date Application signed]

FOR MICHIGAN RESIDENTS: Countersignature of licensed agent _____ Signature _____

STONEBRIDGE LIFE INSURANCE COMPANY
Administrative Offices: [Valley Forge, Pennsylvania 19493]

SLA-OQ-0210 APPVER

FOR OHIO RESIDENTS ONLY: Any person who submits an application or files a claim containing a false or deceptive statement with intent to defraud or knowing that he is facilitating a fraud against an insurer is guilty of insurance fraud.

FOR ARKANSAS and LOUISIANA RESIDENTS ONLY: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR MAINE RESIDENTS ONLY: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

STONEBRIDGE LIFE INSURANCE COMPANY
Administrative Offices: [Valley Forge, Pennsylvania 19493]

SLA-SU-0210 APPVER

APPLICATION
STONEBRIDGE LIFE INSURANCE COMPANY
Administrative Offices: [Valley Forge, Pennsylvania 19493]
HOME OFFICE: Rutland, Vermont

(Please Print)

Name _____
First Middle Last
Address _____
City _____ State _____ Zip _____ Phone # _____ am _____ pm (_____) _____
area code
Sex _____ Age _____ Date of Birth _____ Month _____ Day _____ Year _____
Social Security # |_____| - |_____| - |_____|
Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed
Beneficiary: _____ Relationship _____
First Middle Last

If this coverage will replace any life insurance you have now, please check here: ☐

Coverage Amount: ☐ \$10,000 ☐ \$7,000 ☐ \$5,000 ☐ \$2,000
☐ Yes, I want to add a \$10,000 Accidental Death Benefit Rider for an additional 50¢ a week

SPOUSE (if to be insured)

Name _____
First Middle Last
Sex _____ Age _____ Date of Birth _____ Month _____ Day _____ Year _____
Social Security # |_____| - |_____| - |_____|
Beneficiary: _____ Relationship _____
First Middle Last

If this coverage will replace any life insurance you have now, please check here: ☐

Coverage Amount: ☐ \$10,000 ☐ \$7,000 ☐ \$5,000 ☐ \$2,000
☐ Yes, I want to add a \$10,000 Accidental Death Benefit Rider for an additional 50¢ a week.

HEALTH QUESTIONS:

	[You] <input type="radio"/> Yes <input type="radio"/> No	Spouse <input type="radio"/> Yes <input type="radio"/> No
1. Are you now permanently disabled?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. In the past 7 years, have you been advised by a doctor or counselor to reduce or stop the use of alcohol or drugs or received a ticket for driving while intoxicated (DWI/DUI)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3. In the past 7 years, have you been diagnosed or treated by a licensed medical doctor for:		
a. Diabetes requiring insulin; heart disease or disorder; stroke or cancer?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Brain, mental, or nervous disorder; chronic liver, kidney, or breathing disorder?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Acquired Immune Deficiency Syndrome (AIDS)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. In the past 7 years have you tested positive for HIV (Human Immunodeficiency Virus)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Select how you want to pay:

☐ Send me a bill.
☐ Charge monthly premium to my Credit Card (Visa/MasterCard/Discover/JCPenney only): Check here if this is a debit card ☐
Account # |_____| - |_____| - |_____| - |_____| Expiration Date _____
☐ Deduct monthly premium from my Checking Account: Write "VOID" on a blank check and attach.

Subject to my account rules, charge my premiums (including future changes to my insurance) to my [Bank] credit card. I can cancel this payment method at any time by writing to you.

I wish to apply for this Term Life Insurance Plan. I understand [that a separate Policy will be issued to each applicant and] that no insurance is in effect until the following happens while I am alive: (1) Stonebridge Life approves my application; and (2) Stonebridge Life receives my first premium [before] [within 21 days of] the Policy Effective Date. If I fail to give true and complete answers on this application, (in Michigan and Texas: if I make a fraudulent or material misrepresentation in this application), I understand that benefits may be denied during the first 2 Policy Years. To the best of my knowledge and belief, the information on this entire application is true and complete. [I have read my state's fraud notice on the back of this application.]

X _____ Signature	_____ Date	X _____ Spouse's Signature (if to be insured)	_____ Date
----------------------	------------	--	------------

FOR MICHIGAN RESIDENTS: Countersignature of licensed agent _____
Signature _____

FOR ARKANSAS RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR KENTUCKY RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

FOR OHIO RESIDENTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

FOR MAINE RESIDENTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Term Life Insurance
Application Verification**

Keep this form with your Policy of Insurance. Your acceptance of this offer is on file at our Administrative Office.

This document is a verification record of your telephone-recorded application for the Term Life Insurance plan. It is designed to help you verify that we have correctly recorded your name, address, date of birth, age, gender, [marital status] and the answers and information you provided to the health questions which qualified you for this plan.

Our records indicate the following information:

Name/Address: [John Q. Public]
[1000 Anywhere Street]
[Any Town, USA 75000]

Date of Birth: [01/05/1945] Age: [65] Gender: [Male]

[Marital Status: ☒ Married ☐ Divorced ☐ Single ☐ Widowed]

Coverage Amount you are applying for: [\$10,000]

Will this insurance replace or change any life insurance or annuity contract that you now have? ☐ Yes ☒ No

Health Questions

1. Are you now permanently disabled?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. In the past 7 years, have you been advised by a doctor or counselor to reduce or stop the use of alcohol or drugs or received a ticket for driving while intoxicated (DWI/DUI)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. In the past 7 years, have you been diagnosed or treated by a licensed medical doctor for: a. Diabetes requiring insulin; Heart disease or disorder; Stroke or Cancer? b. Brain, mental, or nervous disorder; chronic Liver, Kidney, or breathing disorder? c. Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. In the past 7 years have you tested positive for HIV (Human Immunodeficiency Virus)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I wish to apply for this Term Life Insurance Plan. I understand that no insurance is in effect until the following happens while I am alive: (1) Stonebridge Life approves my application; and (2) Stonebridge Life receives my first premium [before] [within 21 days of] the Policy Effective Date. If I fail to give true and complete answers on this application, (in Michigan and Texas: if I make a fraudulent or material misrepresentation in this application), I understand that benefits may be denied during the first 2 Policy Years. To the best of my knowledge and belief, the information on this entire application is true and complete. [I have read my state's fraud notice on the back of this application.]

FAILURE TO DISPUTE ANY OF THE STATEMENTS ABOVE IS AN ADMISSION THAT THE STATEMENTS ARE CORRECT. THE FALSITY OF ANY ANSWER MAY BAR YOUR BENEFICIARIES' RIGHT TO RECOVER BENEFITS.

If any of the information is incorrect, contact our Customer Service Department at: [1-800-XXX-XXXX]

[Application signed electronically. Signature on file with the Company] [03/01/2010]
[Applicant's Signature] [Date Application signed]

FOR MICHIGAN RESIDENTS: Countersignature of licensed agent _____ Signature _____

STONEBRIDGE LIFE INSURANCE COMPANY
Administrative Offices: [Valley Forge, Pennsylvania 19493]

SLA-SU-0210 APPVER

FOR OHIO RESIDENTS ONLY: Any person who submits an application or files a claim containing a false or deceptive statement with intent to defraud or knowing that he is facilitating a fraud against an insurer is guilty of insurance fraud.

FOR ARKANSAS and LOUISIANA RESIDENTS ONLY: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR MAINE RESIDENTS ONLY: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

STONEBRIDGE LIFE INSURANCE COMPANY
Administrative Offices: [Valley Forge, Pennsylvania 19493]

SLA-SU-0210 APPVER

STONEBRIDGE LIFE INSURANCE COMPANY
Administrative Offices: [Valley Forge, Pennsylvania 19493]
HOME OFFICE: Rutland, Vermont

(Please Print)

Name _____
First Middle Last
Address _____
Street or RD # _____ am
City _____ State _____ Zip _____ Phone # pm (____) _____
area code
E-mail address: _____ Age _____ Date of Birth _____
Sex _____ Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed
Beneficiary: _____ Relationship _____
First Middle Last

If this coverage will replace or change any life insurance you have now, please check here: ☐

Coverage Amount: ☐ \$20,000 ☐ \$15,000 ☐ \$10,000 ☐ \$5,000

SPOUSE (if to be insured)

Name _____
First Middle Last
Sex _____ Age _____ Date of Birth _____
Month Day Year
Beneficiary: _____ Relationship _____
First Middle Last

If this coverage will replace or change any life insurance you have now, please check here: ☐

Coverage Amount: ☐ \$20,000 ☐ \$15,000 ☐ \$10,000 ☐ \$5,000

Please answer the following questions:

- | | [You] | Spouse |
|--|--|--|
| 1. Have you used any tobacco or nicotine based products within the last 12 months? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Are you currently confined to a hospital, rest home, or nursing facility or using assistance from a support device for walking or breathing?..... | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 3. Have you been advised to have in-patient surgery which has not yet been performed? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 4. In the past 7 years, have you been advised by a doctor or counselor to reduce or stop the use of alcohol or drugs or received a ticket for driving while intoxicated (DWI)? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 5. In the past 7 years, have you been diagnosed or treated by a licensed medical doctor for: | | |
| a. Diabetes requiring insulin; heart disease or disorder; stroke or cancer? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| b. Brain, mental, or nervous disorder; chronic liver; kidney, or breathing disorder? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| c. Acquired Immune Deficiency Syndrome (AIDS)? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 6. In the past 7 years have you tested positive for HIV (Human Immunodeficiency Virus)? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

Select how you want to pay:

- ☐ Send me a bill.
- ☐ Charge monthly premium to my Credit Card (Visa/MasterCard/Discover/JCPenney only): Check here if this is a debit card ☐
Account # [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] [] Expiration Date _____

☐ Deduct monthly premium from my Checking Account: Write "VOID" on a blank check and attach.)

Subject to my account rules, charge my premiums (including future changes to my insurance) to my [Bank] credit card. I can cancel this payment method at any time by writing to you.

I wish to apply for this Term Life Insurance Plan. I understand [that a separate Policy will be issued to each applicant and] that no insurance is in effect until I am issued my Policy by the underwriter Stonebridge Life Insurance Company, and my first premium is received by Stonebridge Life before my Policy Effective Date and during my lifetime. If I fail to give true and complete answers on this application, (in Michigan and Texas: if I make a fraudulent or material misrepresentation in this application), I understand that benefits may be denied during the first 2 Policy Years. To the best of my knowledge and belief, the information on this entire application is true and complete. [I have read my state's fraud notice on the reverse side of this application.]

X _____
Signature Date

X _____
Spouse's Signature (if to be insured) Date

FOR MICHIGAN AND LOUISIANA RESIDENTS: Countersignature of licensed agent _____
Signature

FOR COLORADO RESIDENTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FOR KENTUCKY RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FOR ARKANSAS, LOUISIANA, AND NEW MEXICO RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR DC AND TENNESSEE RESIDENTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FOR OHIO RESIDENTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

FOR MAINE RESIDENTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FOR FLORIDA RESIDENTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or any application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Term Life Insurance Application Verification

Keep this form with your Policy of Insurance. Your acceptance of this offer is on file at our Administrative Office.

This document is a verification record of your telephone-recorded application for the Term Life Insurance plan. It is designed to help you verify that we have correctly recorded your name, address, date of birth, age, gender, [marital status] and the answers and information you provided to the health questions which qualified you for this plan.

Our records indicate the following information:

Name/Address: [John Q. Public]
[1000 Anywhere Street]
[Any Town, USA 75000]

Date of Birth: [01/05/1945] Age: [65] Gender: [Male]

[Marital Status: ☒ Married ☐ Divorced ☐ Single ☐ Widowed]

Will this insurance replace or change any life insurance or annuity contract that you now have? ☐ Yes ☒ No

Coverage Amount Being Applied For: [\$10,000]

Health Questions

1. Have you used any tobacco or nicotine based products within the last 12 months??	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Are you currently confined to a hospital, rest home, or nursing facility or using assistance from a support device for walking or breathing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you been advised to have in-patient surgery which has not yet been performed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. In the past 7 years, have you been advised by a doctor or counselor to reduce or stop the use of alcohol or drugs or received a ticket for driving while intoxicated (DWI)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. In the past 7 years, have you been diagnosed or treated by a licensed medical doctor for: a. Diabetes requiring insulin; Heart disease or disorder; Stroke or Cancer? b. Brain, mental, or nervous disorder; chronic Liver, Kidney, or breathing disorder? c. Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. In the past 7 years have you tested positive for HIV (Human Immunodeficiency Virus)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I wish to apply for this Term Life Insurance Plan. I understand that no insurance is in effect until the following happens while I am alive: (1) Stonebridge Life approves my application; and (2) Stonebridge Life receives my first premium [before] [within 21 days of] the Policy Effective Date. If I fail to give true and complete answers on this application, (in Michigan and Texas: if I make a fraudulent or material misrepresentation in this application), I understand that benefits may be denied during the first 2 Policy Years. To the best of my knowledge and belief, the information on this entire application is true and complete. [I have read my state's fraud notice on the back of this application.]

FAILURE TO DISPUTE ANY OF THE STATEMENTS ABOVE IS AN ADMISSION THAT THE STATEMENTS ARE CORRECT. THE FALSITY OF ANY ANSWER MAY BAR YOUR BENEFICIARIES' RIGHT TO RECOVER BENEFITS.

If any of the information is incorrect, contact our Customer Service Department at: [1-800-XXX-XXXX]

[Application signed electronically. Signature on file with the Company] [03/01/2010]
[Applicant's Signature] [Date Application signed]

FOR MICHIGAN RESIDENTS: Countersignature of licensed agent _____ Signature _____

STONEBRIDGE LIFE INSURANCE COMPANY
Administrative Offices: [Valley Forge, Pennsylvania 19493]

SLA-T80-0210 APPVER

FOR OHIO RESIDENTS ONLY: Any person who submits an application or files a claim containing a false or deceptive statement with intent to defraud or knowing that he is facilitating a fraud against an insurer is guilty of insurance fraud.

FOR ARKANSAS and LOUISIANA RESIDENTS ONLY: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR MAINE RESIDENTS ONLY: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

STONEBRIDGE LIFE INSURANCE COMPANY
Administrative Offices: [Valley Forge, Pennsylvania 19493]

SLA-SU-0210 APPVER

<i>SERFF Tracking Number:</i>	<i>AEGX-126592261</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45467</i>
<i>Company Tracking Number:</i>	<i>TL AR0054815F01</i>		
<i>TOI:</i>	<i>L041 Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Term Life</i>		
<i>Project Name/Number:</i>	<i>Term Life/TL AR0054815F01</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
The Applications are attached to the Forms Schedule.		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: This is a application - forms filing only.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: AR - NAIC TRANSMITTAL DOCUMENT		
Comments:		
Attachment:		
AR - NAIC TRANSMITTAL DOCUMENT.PDF		

	Item Status:	Status Date:
Satisfied - Item: AR - NAIC FORM FILING ATTACHMENT		

<i>SERFF Tracking Number:</i>	<i>AEGX-126592261</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45467</i>
<i>Company Tracking Number:</i>	<i>TL AR0054815F01</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Term Life</i>		
<i>Project Name/Number:</i>	<i>Term Life/TL AR0054815F01</i>		

Comments:

Attachment:

AR - NAIC FORM FILING ATTACHMENT.PDF

Item Status:

Status

Date:

Satisfied - Item: Explanation of Variability

Comments:

Attachment:


Explanation of Variability.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Stonebridge Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
SLA-OQ-0210	42.3
SLA-OQ-0210 APPVER	45.7
SLA-SU-0210	42.4
SLA-SU-2010 APPVER	44.9
SLA-T80-0210	50.4
SLA-T80-0210 APPVER	45.6

Signed: 
Name: Cheryl Penner
Title: Assistant Secretary

Date: _____

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Stonebridge Life Insurance Company 29 South Main Street Rutland VT 05701-5014	VT	Life, Accident and Health	468	65021	03-0164230	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Margaret A. Frei, AIRC, ACS, ACP, CCP, HIA, HCSA 2700 W Plano Parkway Plano TX 75075	877-527-6444 Ext. 6289	972-881-4097	mfrei@aegonusa.com			
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	TL AR0054815F01					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> <div>Group</div> </div>					
9.	Type of Insurance	L04I Individual Life - Term					
10.	Product Coding Matrix Filing Code	L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life					
11.	Submitted Documents	<input type="checkbox"/> FORMS <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input checked="" type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Certifications </div> </div>					

12.	Filing Submission Date	April 20, 2010
13.	Filing Fee (If required)	Amount <u>50.00</u> Check Date <u>N/A – via EFT</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>N/A – via EFT</u>
14.	Date of Domiciliary Approval	Filed concurrently in Vermont, our state of domicile.
15.	Filing Description:	
	<p>RE: Stonebridge Life Insurance Company NAIC # 0468-65021 FEIN: 03-0164230 SLA-OQ-0210 SLA-OQ-0210 APPVER SLA- SU-0210 SLA-SU-0210 APPVER SLA-T80-0210 SLA-T80-0210 APPVER</p> <p>The captioned application forms are submitted for your view and approval. The applications are intended to be used with individual life insurance policies that are approved by your Department and replace previously approved applications. The previously approved applications contain a section for the applicant to provide additional information about "yes" answers to the health questions. The submitted applications do not contain this section. Coverage will now be issued solely on the basis of an applicant's "no" responses to the health questions. The applications are completed in "John Doe" fashion and variable information is bracketed.</p> <p>Application forms SLA-OQ-0210 and SLA-OQ-0210 APPVER will be used to solicit individual whole life insurance policies SL-SUWL-0905 TX and SL-SWLB-0905 TX. The individual policies were approved by your Department on December 12, 2005. Application SLA-OQ-0210 will be used with our direct mail advertising kits and SLA-OQ-0210 APPVER will be used when taking applications over the telephone. SLA-OQ-0210 replaces application SLA-OQ-0406 which was approved on August 18, 2006 and SLA-OQ-0210 APPVER replaces application SLWL1003IAP which was approved on September 28, 2006.</p> <p>Application forms SLA-SU-0210 and SLA-SU-0210 APPVER will be used to solicit individual term to age 85 life insurance policy SL-T85-0905 TX. The policy was approved by your Department on January 13, 2003. Application SLA-SU-0210 will be used with our direct mail advertising kits and SLA-SU-0210 APPVER will be used when taking applications over the telephone. SLA-SU-0210 replaces application SLA-SU-0406 which was approved on August 18, 2006 and SLA-SU-0210 APPVER replaces application SLA-SU-0406 APPVER which was approved on October 23, 2009.</p> <p>Application forms SLA-T80-0210 and SLA-T80-0210 APPVER will be used to solicit individual term to age 80 life insurance policy SL-T80-0705. The policy was approved by your Department on August 19, 2005. Application SLA-T80-0210 will be used with our direct mail advertising kits and SLA-T80-0210 APPVER will be used when taking applications over the telephone. SLA-T80-0210 replaces application SLA-T80-0406 which was approved on August 25, 2006 and SLA-T80-0210 APPVER replaces application IUL027 which was approved on October 26, 2005.</p> <p>The Company has reviewed the enclosed forms and certifies that each form submitted meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.</p> <p>We request approval of these forms in various formats, dimensions, shading and colors. We certify that no dimension, format, shading or color change will affect the text content or product unacceptable print. Completed filing forms are attached.</p> <p>I respectfully request your favorable review and approval. We appreciate your consideration of these forms. Should you have any questions, please feel free to call us toll free at (877) 527-6444, Extension 6289 or contact me by e-mail at mfrei@aegonusa.com.</p> <p>Sincerely,</p> <p>STONEBRIDGE LIFE INSURANCE COMPANY Margaret Frei, ACS, AIRC, ACP, CCP, HIA, HCSA</p>	

16. Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas.

Print Name Margaret A. Frei, AIRC, ACS, ACP, CCP, HIA, HCSA Title Senior Product Filing & Compliance Analyst

Signature  Date April 20, 2010

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		TL AR0054815F01
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Application	SLA-OQ-0210	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Application	SLA-OQ-0210 APPVER	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Application	SLA-SU-0210	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	Application	SLA-SU-2010 APPVER	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05	Application	SLA-T80-0210	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06	Application	SLA-T80-0210 APPVER	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

EXPLANATION OF VARIABILITY

The following is an “Explanation of Variability” for applications SLA-OQ-0210, SLA-SU-0210, and SLA-T80-0210

1. The Administrative Office address may be.
Valley Forge, Pennsylvania 19493
520 Park Avenue Baltimore, Maryland 21201
2700 West Plano Parkway Plano, Texas 75075-8200
2. Spouse sections (personal information, benefit selection, answers to health questions) throughout the application are bracketed to allow us to delete these sections if an insurance offer is made to one person rather than two (married) people.
3. The payment method section is bracketed to allow us to vary the methods of payment in the initial offer. (i.e. we may choose to only offer credit card or direct bill payment or all 3 payment options in the initial offer.)
4. The phrase “a separate Policy will be issued to each applicant and that” that is in the affirmation paragraph is bracketed to allow us the ability to delete the statement if spouse coverage is not offered.
5. The statement “I have read my state’s fraud notice on the back of this application” in the affirmation paragraph is bracketed so it may be deleted if the application is printed without the state fraud notices (if application is mailed in a state that does not require a fraud notice) or if the fraud notices are printed on the front of the application. The statement would appear on a printed application when space constraints require us to print the fraud notices on the reverse side of the application.
6. The statements “[before] and [within 21 days of]” in the affirmation paragraph are bracketed so that the application can be printed with “We must receive your first premium before the Certificate Effective Date” or “We must receive your first premium within 21 days of the Certificate Effective Date” to reflect the premium payment language that will be used in certificate that will be issued on the basis of the printed application.

The following is an “Explanation of Variability” for applications SLA-OQ-0210 APPVER, SLA-SU-0210 APPVER, and SLA-T80-0210 APPVER

1. The Name and Address, date of birth, marital status, gender, height, weight, and coverage amount will be unique to each applicant.
2. The telephone number for customer service will match the Administrative office location.
3. Either “before” or “within 21 days of the Effective Date” will be printed on an application to reflect when the first premium is due as described in the certificate that may be issued to the applicant.
4. The applicant’s electronic signature and date of application will be unique to each applicant.
5. The Administrative office locations may be:
2700 West Plano Parkway Plano, Texas 75075-8200
520 Park Avenue Baltimore, Maryland 21201
Valley Forge, Pennsylvania 19493
6. The appropriate/required fraud statements will be included or excluded in its entirety depending on the states in which the application is used.